FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Est. time per response: 1 hour Approved by OMB 3060-0076

COMMON CARRIER ANNUAL EMPLOYMENT REPORT [Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Information	tion										X				
1. Name and Mailing Address of Respondent	f Respondent														
Coast Communications Co. 349 Damon Rd. NE. Ocean Sores, WA. 98569	ons Co. 8569												Che is a	Check here if this is a change of address.	
 Year Report Filed 2017 		3. Reportin Period C	Reporting Period (Ending Deriod Covered by Report) 01/15/2017	3. Reporting Period (Ending Date of Pay Period Covered by Report) 01/15/2017	y		4. Number of Reporting a. Fe	Number of Full-Time Employees during Selected Reporting Period (check one): Pewer than 16 (complete Sections I, IV, are selected.)	mployees dur k one): complete Sec	ing Selected	elected I, IV, and V only)				
SECTION II - Full-Time Employees.	/ees.						5	lo or more (complete all sections)	biete all secu	ons)					
							Num	ber of Emplo	vees						
	T						(Report empl	Number of Employees (Report employees in only one category)	one category						
Job								Race/Ethnicity							
Categories	Hisp	Hispanic or Latino						Not-Hispanic or Latino	ic or Latino						Total
	I				Male	ale					Female	nale			Columns A-N
Y	Male	Female	White	Black or African American	Native Hawaiian or Other	Asian	American Indian or Alaska	Two or more races	White	Black or African American	Native Hawaiian or Other	Asian	American Indian or Alaska	Two or more races	
	D	,	,		n sidilide	,	,				Islander				
Executive/Senior Level Officials and Managers	1.1														0 0
First/Mid-Level Officials and Managers	1.2														0
Professionals	N														0
Technicians	ω														0
Sales Workers	4														0
Administrative Support Workers	G														0
Craft Workers	6														0
Operatives	7														0
Laborers and Helpers	8														0
Service Workers	9														0
TOTAL 1	10 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PREVIOUS YEAR TOTAL 11	1												-11		0

							Num	Number of Employees	yees						
Job								Race/Ethnicity	one canegory						
Categories	Ŧ.	Hispanic or						Not-Hispanic or Latino	ic or Latino						Takel
		Tallio			Ma	Male					Female	nale			Columns A-N
	Male	Female	White	Black or African	Native Hawaiian or	Asian	American Indian or	Two or more races	White	Black or African	Native Hawaiian or	Asian	American Indian or	Two or more races	:
				American	Other		Alaska Native			American	Other Pacific		Alaska Native		
	>	В	c	D	Islander	F	G	Ξ.	-	-	Islander	-		z	
Executive/Senior Level Officials and Managers 1.1	-														0 0
First/Mid-Level Officials and 1.2	2														0
Professionals 2	2														0
Technicians 3															0
Sales Workers 4	-														0
Administrative Support 5 Workers	- GI														0
Craft Workers 6	- CJ														0
Operatives 7															0
Laborers and Helpers 8														-	0
Service Workers 9															0
TOTAL 10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PREVIOUS YEAR TOTAL 11															0
SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311.	nation Com	plaints Pursua	nt to 47 CFR	22.321, 23.5	5, 90.168, 101	.4, and 101.:	311.							-	
This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report. This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition	commission to body having commission to parties invo	that no complair competent juris that the followin olved, date filed	nts regarding diction in suc g complaints courts or ag	violations of the matters during alleging violate encies before	he equal emploing the calenda ions of the prowhich the mat	oyment provi ir year cover visions of an ter has been	sions of Feder ed by this repo y equal emplo heard, file nur	al, state, territ rt. yment opportu	orial, or local unity statute I	statutes have	been filed ag	ainst this company.			
SECTION V - Certification	lodge inform														
Date Type	ed or Printed	Typed or Printed Name of Person Signing	on Signing			Signature						Telephone No.			
	enny La	Denny Lawrence				(t		1			(360) 289-2252	89-2252		
Title of Person Signing VP/General Manager				OF ANY STA	FALSE STATE	E OR CONS	DE ON THIS F	ORM ARE PLERMIT (47 U.)	JNISHABLE S.C. 312 (A)	BY FINE AND (1) AND/OR F	VOR IMPRISO	NMENT (18	U.S.C. 1001)	WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).	OCATION